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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

DATE: September 9, 2004

TO: Examiner: Bertrand Zeade : RE: U.S. Patent Application
Art Unit: 2875 : Serial No.: 09/683,077
Fax: (703) 872-9306 : Applicant: Debra Miozza et al.
From: Thomas M. Fisher : Atty. Dkt. No.: 9D-HR-19939 (13307-162)

DOCUMENTS SUBMITTED WITH TRANSMISSION:

Transmittal form (3 pgs.)

Amendment in response to Office Action dated June 9, 2004 (17 pgs.)

Total pages including cover page: 21

If all pages are not received, please contact: Lois Viera at Ext. 7938

RE: The above referenced U.S. Patent Application

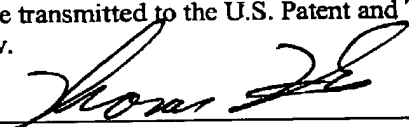
Title: MULLION ASSEMBLY FOR REFRIGERATOR QUICK CHILL AND THAW PAN

Filed: November 15, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office,
Facsimile Number (703) 872-9306 on the date shown below.

Date: September 9, 2004


Thomas M. Fisher
Reg. No. 47,564

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*Via Facsimile (703) 872-9306*9D-HR-19939
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Debra Miozza et al.

Art Unit: 2875

Serial No.: 09/683,077

Examiner: Bertrand Zeade

Filed: November 15, 2001

For: MULLION ASSEMBLY FOR
REFRIGERATOR QUICK
CHILL AND THAW PANMail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Facsimile Transmittal (1 pg.)
Amendment in response to Office Action dated June 9, 2004 (17 pgs.)

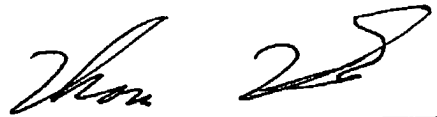
STATUS

2. Applicant

☐ Claims small entity status.
☒ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
☐ Deposited with the United States Postal Service
with sufficient postage as "Express Mail Post Office to
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for Patents, Washington, D.C. 20231.Date: September 9, 2004FACSIMILE
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EXTENSION OF TERM

SEP 09 2004

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
 (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ First month	\$ 110.00	\$ 55.00
_____ Second month	\$ 420.00	\$ 210.00
_____ Third month	\$ 950.00	\$ 475.00
_____ Fourth month	\$1,480.00	\$ 740.00
_____ Fifth month	\$2,010.00	\$1,005.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$ _____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$ _____

OR

- (b) X Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL INDEP.	MINUS		=	x \$9 = \$		x \$18 = \$
	MINUS		=	x \$43 = \$		x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for claims is required.

OR

- (b) _____ Total additional fee for claims required \$

FEE PAYMENT

5. _____ Attached is a check in the sum of \$ _____
 _____ Charge Deposit Account No. 01-2384 the sum of \$ _____
 _____ A duplicate of this transmittal is attached.

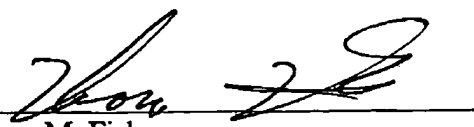
FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. _____ Other:


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